EI-15	
	EI-15

	Child's name		Child's DOB	ETID number
Determin	ation of Pare	ent Ability to P	ay for Early Int	ervention Service
Documentatio	on (only one is requ	iired)		
(A) Ohio Med	icaid card	(B) Ohio WIC card	(C) Parent income	
Parent initials be	eligible for other inco d understand that acco	me based resources. Howe	ever, I have chosen not to sh 3 (D), I will be responsible for	linator to determine if I may hare my financial information r paying the cost of early
				/ (24) Family size:
Pay stub date(s)				
Gross amount(s)				
Parent income:	Weekly (52)	Bi-weekly (26)	onthly (12) 🗌 Bi-monthl	y (24) Family size:
Pay stub date(s)				
Gross amount(s)				
Total annual inco	ome:			
	ess than or equal to He intervention.org/syste	, , ,	ninsured children? (206% FP	L) Yes No
nttps://onlocany				
I have seen and r parent is una	ble able to pay fo	tation provided by the part r Early Intervention service	•	(D) and have determined the
I have seen and r	ble able to pay fo		•	
I have seen and r parent is una El Service Cool	ble able to pay fo		es.	
I have seen and r parent is una El Service Cool El Service Cool I have reviev determinatio System of Pa	ble able to pay fo rdinator name rdinator signature ved the information us on of whether I am abl	r Early Intervention service sed to complete this form a e or unable to pay for El se	es.	te has explained to me the Ohio Early Intervention

